

**Upward Bound (UB), Upward Bound Math/Science (UBMS),  
and Veterans Upward Bound (VUB) Programs  
Annual Performance Report  
Program Year 2001-02  
Authority: Public Law 102-325, as amended.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0762. The time required to complete this information collection is estimated to average 15 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of the form, write directly to:** Higher Education Preparation & Support, Federal TRIO Programs, U.S. Department of Education, 1990 K Street, NW, Suite 7000, Washington, D.C. 20006-8510.

**SECTION I. -- Project Identification, Certification and Warning**

**A. Identification**

1. PR/Award Number: \_\_\_\_\_
2. Name of Grantee Institution/Agency: \_\_\_\_\_
3. Address (City, State, Zip): \_\_\_\_\_
4. Name of Project Director/Contact Person: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_
6. Report Period: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year
7. Type of Project: UB \_\_\_\_\_ UBMS \_\_\_\_\_ Veterans \_\_\_\_\_
8. Name of Data Entry Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**B. Certification:** We certify that the performance report information submitted electronically on \_\_\_\_\_ is accurate, complete, and readily verifiable to the best of our knowledge.

\_\_\_\_\_  
Name of Project Director (Print)

\_\_\_\_\_  
Name of Certifying Official (Print)

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

**C. Warning:** Further Federal funds or other benefits may be withheld under this program unless this report is completed and filed as required by existing law (20 U.S.C. 1231a) and regulations (34 CFR 75.590 and 75.720)